

National Stage Processing  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

(703) 305-3734

SERIAL NO.

09/622112

FILED AND INDEXED

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6	2					
7	3					
8	3					
9	3					
10	0					
11	3					
12	3					
13	3					
14	3					
15	3					
16	0					
17	3					
18	3					
19	3					
20	3					
21	3					
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27	3					
28	3					
29	3					
30	3					
31	3					
32	3					
33	3					
34	3					
35	1					
36						
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38						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	82	←	←	←		
TOTAL CLAIMS	86	██████████	██████████	██████████	██████████	██████████

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	←	←	←			
TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████	██████████